



Town of Lexington
Tax Collector's/Treasurer's Office

Arnold F. Lovering
Tax Collector/Treasurer

Tel: 781-862-0500 ext 84605
Fax: (781) 860-7003

ABANDONED and UNCLAIMED FUNDS FORM

Name and Address (as it appears on attached letter)

Name and Address Correction or Executor's
Name and Address

Check Number:

Date Issued:

Amount:

Claimant must sign below. Under penalties of perjury, I declare that my claim of ownership of these funds is absolute, and complete.

Signature of Claimant

Date

Signature of Executor (if applicable)

Date

(_____) _____
Telephone Number

You must provide your name, address, telephone number, and signature for your claim to be processed. If payee of unclaimed funds is deceased, please provide evidence that all claimant(s) are authorized executor(s) of the estate. **If all evidence requested by the Treasurer is not received, this claim will not be paid. The Town of Lexington reserves the right to require additional information it deems necessary to substantiate a claim.**

An original signature is required. Electronic copies, photocopies, and faxed copies will not be accepted.

(FOR OFFICE USE ONLY to be completed by Treasurer's Office)

Check Number:

Date:

Amount: